

**NEBRASKA**  
**SHIIP**  
**SENIOR HEALTH INSURANCE**  
**INFORMATION PROGRAM**

# Expense Report

Expenses must be turned in within **60** days from when they were accrued. Anything turned in after that time cannot be reimbursed due to State regulations.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Social Security No: \_\_\_\_\_

| CATEGORIES          | QUANTITY             | RATE                                  | ACTIVITY  | REIMBURSEMENT REQUEST |
|---------------------|----------------------|---------------------------------------|---|-----------------------|
| <b>Mileage</b>      | Miles Driven=        | <i>(Per current IRS mileage rate)</i> | Event Name: _____<br>Location: _____<br>Date: _____ |                       |
| <b>Postage</b>      | # of Pieces of Mail= | <i>Varies</i>                         |   |                       |
| <b>Photocopying</b> | # of Copies=         |                                       |   |                       |
| <b>Misc.</b>        |                      |                                       |   |                       |

I certify to the best of my knowledge and belief that the above information is correct and complete.

\_\_\_\_\_  
SHIIP Volunteer signature